

New Jersey Department of Transportation
 Quality Management Services
 New Technologies and Products Section
 1035 Parkway Ave.
 P.O. Box 600
 Trenton, NJ 08625

FOR OFFICE USE ONLY

QMS ID No.

New Technologies and Products Evaluation Form

ALL INFORMATION MUST BE TYPED – DO NOT REFER TO ATTACHMENTS
ONLY ONE PRODUCT PER FORM

Product Trade Name				Patented				Yes				No		Applied For	
Manufacturer				Representative											
Street Address				Street Address											
City Code		State		Zip		City		State		Zip Code					
Telephone:		Fax No.		Telephone:		Fax No.									
Technology, Product, Materials, or Process Description:															
Recommended Primary Use:															
Recommended Alternate Use:															
Outstanding Features, Advantages Claimed and Cost Benefits:															
General Composition of Material (Attach Laboratory Report and Material Safety Data Sheets Where Applicable)															
Estimated Cost Per Unit of Application:								Can Demonstration Be Provided?							
\$				<u>COST MUST BE ENTERED</u>				Yes				No			
Training Courses, Movies Available								Availability							
		Yes				No				Seasonal				Non-Seasonal	
Delivery At Site:								Are Quantities Limited?							
(#)		Days After						Yes				No			

(OVER)

Does your technology, product, material, or process meet requirements of the following specifications?

If yes, please give specification numbers

NUMBER		SPECIFICATION					
		AASHTO					
		ASTM					
		Federal					
		N.J.D.O.T.					
Other:							
Has your product been tested by any of the following testing organizations? If so please list report number							
Organization:	NTPEP	HITEC	NASHTO	SASHTO	Other:		
Report #:							
Is this product manufactured in the USA?				Yes	No		
Is it approved for use by other highway authorities or other agencies?					Yes	No	
If yes, state by whom and whether use is routine or experimental. Also, attach any approval letters.							
If proprietary, what are royalty costs and on what basis are they collected?							
When was this Product Introduced On The Market?							
What Existing Technology, Product, Material , or Process Does this Product Replace?							
Provide a Brief Background Description of Company Including Your Web Site Address.							
Who Recommended Contacting The N. J. Dept. of Transportation?							
Has Another Office in the N. J. Dept. of Transportation Been Contacted?					No		Yes (If Yes, Explain)
Explain here:							
NOTE: The Department requires two demonstration projects to qualify your technology or product for use on Department construction projects: Can you donate your technology or product in sufficient quantity for two demonstration projects? Please note that failure to do this will necessitate the acquiring of funding which may delay the evaluation and approval of your technology or product.							
YES, we will donate material for two demonstration projects							
NO, we can not donate material for two demonstration projects.							
Additional Information:							
Type or Print Name of Person Furnishing Information				Title			
Signature				Date			